**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	ATION		
i Oitim i	(See instruction	ns)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
GOVERNMENT	EMPLOYEES INSURANCE COM	IPANY POLITICAL ACTIO		1111111
		<u> </u>		
ADDRESS (number and s	ONE GEICO PLAZA			
(Check if address		<u> </u>		
is changed)	WASHINGTON		DC	20076   -
		CITY	STATE	ZIP CODE 🛦
COMMITTEE'S E-MAII	_ ADDRESS (Please provide only one e-r	mail address)		
(Check if address is changed)	mcampbell@geico.co	om 		
io onangoa)				
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address				
is changed)				
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00343749		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my know	wledge and belief it is true, correct a	and complete	
Type or Print Name of	Treasurer Michael Campbe	II .		
Signature of Treasurer	Electronically Filed by Michael Ca	ampbell	Date 03	25 / 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may  ANY CHANGE IN INFORMAT	r subject the person signing this Sta		
Office	3	For further information		
Use		Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	F	EC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
	Name Candid			
	Candid Party /	date Affiliati	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comn		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			X Corporation Corporation w/o Capital Stock La	bor Organization
			Membership Organization Trade Association C	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	undra	alsing Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			EEC ID number C	

Write or Type Committee Name

6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fundr	aising Representative, or Lea	adership PAC Sponsor
	MCLANE COMPANY INC.	FEDERAL POLITICAL ACTION COMM	MITTEE	
		<u> </u>		<u> </u>
	Mailing Address	P O BOX 6115		
		[	тх	76503
		CITY▲	STATE A	ZIP CODE
	Relationship:			_
	Connected Organization	X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number	optional), and position of	f the person in
	•			
	•	I Campbell		
	ı Michae			
	Full Name Michae	I Campbell		20854
	Full Name Michae	12534 Ansin Circle Drive		20854
	Full Name  Michae  Mailing Address	12534 Ansin Circle Drive Potomac		
8.	Full Name  Mailing Address  Title or Position  Treasurer  Treasurer: List the name a	12534 Ansin Circle Drive Potomac	STATE  Telephone number 301  of the treasurer of the com	ZIP CODE 14 - 986 - 3162
8.	Full Name  Michae  Mailing Address  Title or Position  Treasurer  Treasurer: List the name a name and address of any  Full Name	Potomac  CITY A  and address (phone number optional)	STATE  Telephone number 301  of the treasurer of the com	ZIP CODE 14 - 986 - 3162
8.	Full Name  Michae  Mailing Address  Title or Position  Treasurer  Treasurer: List the name a name and address of any  Full Name	Potomac  CITY A  and address (phone number optional) designated agent (e.g., assistant treasure	STATE  Telephone number 301  of the treasurer of the com	ZIP CODE 14 - 986 - 3162
8.	Full Name  Mailing Address  Title or Position  Treasurer  Treasurer: List the name a name and address of any  Full Name of Treasurer  Michae	Potomac  CITY A  and address (phone number optional) designated agent (e.g., assistant treasure).	STATE  Telephone number 301  of the treasurer of the com	ZIP CODE 14 - 986 - 3162
8.	Full Name  Mailing Address  Title or Position  Treasurer  Treasurer: List the name a name and address of any  Full Name of Treasurer  Michae	Potomac  CITY A  and address (phone number optional) designated agent (e.g., assistant treasured Campbell  12534 Ansin Circle Drive	Telephone number 301  of the treasurer of the comer).	ZIP CODE 1  - 986 - 3162  mittee; and the

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		elephone number	
9. Banks or Other Depositori safety deposit boxes or main	ies: List all banks or other depositories in which that ains funds.	ne committee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, e			
M &	T BANK		
Mailing Address	1 RESEARCH COURT		
	ROCKVILLE	<b>MD</b>	20850   _ [
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕
Name of Bank, Depository, e	etc.		
Mailing Address			

	ns funds.		
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			1 1 1 1 1 1 1 1
	Litition	1 1 1 1 1 1 1 1	
	CITY 🛕	STATE <b>∡</b>	ZIP CODE 🛕
	anization, Affiliated Committee, Joint Fundraising Roy GOOD GOVERNMENT FUND FOR FEDERAL	-	[ ADDITIONAl
Mailing Address	P.O. BOX 425		
	FORT WORTH	LTX L	76101
ationship:	CITY▲	STATE A	ZIP CODE
anonomp.			adership PAC Sponsor
Connected Organization	X Affiliated Committee Joint Fundraising F	Representative Lea	
	X Affiliated Committee Joint Fundraising F	Representative Lea	[ ADDITIONAL ]
	X Affiliated Committee Joint Fundraising F	Representative Lea	
Designated Agent Full Name	X Affiliated Committee Joint Fundraising F	Representative Lea	
Designated Agent	X Affiliated Committee Joint Fundraising F	Representative Lea	
Designated Agent Full Name	X Affiliated Committee Joint Fundraising F	Representative Lea	
Full Name  Mailing Address			[ ADDITIONAL ]
Designated Agent Full Name	X Affiliated Committee Joint Fundraising R	STATE &	
Designated Agent  Full Name  Mailing Address	CITY A		[ ADDITIONAL ]
Designated Agent  Full Name  Mailing Address	CITY A	STATE ▲	[ ADDITIONAL ]

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committed funds	ee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE. <b>△</b>	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leade	[ ADDITIONAL ] ership PAC Sponsor
Mailing Address	P.O. BOX 272		
	ALEXANDER CITY	AL L	35011
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repr	resentative Le	adership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b>∆</b>	ZIP CODE A
	Telephor	ne number	
Joint Fundraiser Participant	<u> </u>		[ ADDITIONAL ]
Lilian and a state of the state	FE0	C ID number	

Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, etc.		I	[ ADDITIONAL ]
Mailing Address			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Re	presentative, or Leader	[ ADDITIONAL ] ship PAC Sponsor
Mailing Address	1235 South Clark Street		
	Suite 708		
	Arlington	LVA	22202 
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	presentative Lead	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE <b> ▲</b>	ZIP CODE A
	Teleph	one number	
Joint Fundraiser Participant			[ ADDITIONAL ]
L	F	EC ID number	

Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
Mailing Address			
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕
	anization, Affiliated Committee, Joint Fundraising Rep		[ ADDITIONAI
Mailing Address	666 Grand Avenue		
	Des Moines		50306 
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	presentative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
· ·			
			_
Title on Decision •	OLTV A		7ID 00DE 1
Title or Position ♥	CITY A	SIAIE	ZIP CODE A
	Teleph	one number	
Joint Fundraiser Participant			[ ADDITIONAL ]
l		EC ID number C	

Banks or Other Depositories: safety deposit boxes or maintain		mittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		ſ	ADDITIONAL ]
Mailing Address			
	CITY 🗖	STATE₄	ZIP CODE 🛕
	anization, Affiliated Committee, Joint Fundraising Re	epresentative, or Leader	[ ADDITIONAL ]
	L 666 Grand Avanua		
Mailing Address	666 Grand Avenue		
	Des moines		50306 
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising R	epresentative Lead	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE. <b></b> ▲	ZIP CODE A
		hone number	
Joint Fundraiser Participant			[ ADDITIONAL ]
Liting		FEC ID number	

safety deposit boxes or mainta	ains funds.				
Name of Bank, Depository, etc				[ ADDITIONAL	.]
Mailing Address					
					1 1
	OITY		OTATE	710 0005	
	CITY 🛆	•	STATE 4	ZIP CODE _	
-	rganization, Affiliated Committee,		tative, or Leade	[ ADDITIC rship PAC Sponsor	
Mailing Address	825 Northeast Multnoma	ah			
	Suite 2000, LCT				
	Portland		OR L	<b>97232</b> 	
ationship:	CITY	<b>L</b>	STATE A	ZIP CODE	4
Connected Organization	X Affiliated Committee	Joint Fundraising Represent	ative Lea	dership PAC Sponso	r
				[ ADDITIONA	1 1
Designated Agent				•	<b>'</b> L ]
Designated Agent  Full Name					\ <b>L</b> ]
Full Name					\L ]
1					\ <b>L</b> ]
Full Name					\ <u> </u>
Full Name					\ <b>L</b> J
Full Name	CITY		STATE &	ZIP CODE	
Full Name	CITY				
Full Name		A Telephone nui			<u> </u>

	ans iulius.		
safety deposit boxes or mainta Name of Bank, Depository, etc			[ ADDITIONAL ]
Mailing Address			
		1 . 1	-
	CITY 🛕	STATE₄	ZIP CODE 🛕
-	ganization, Affiliated Committee, Joint Fundraising Repres	sentative, or Lea	[ ADDITIONA adership PAC Sponsor
	LONE CEICO DI AZA		
Mailing Address	ONE GEICO PLAZA		
	WASHINGTON	DC	20076
ationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repre	sentative	Leadership PAC Sponsor
			I ADDITIONAL I
Designated Agent			[ ADDITIONAL ]
Designated Agent Full Name			[ ADDITIONAL ]
1			[ ADDITIONAL ]
Full Name			[ ADDITIONAL ]
Full Name			[ ADDITIONAL ]
Full Name	CITY		[ ADDITIONAL ]
Full Name  Mailing Address			
Full Name  Mailing Address	Telephone		